| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 39C0001073 | A. BLDG: 00<br>B. WING: | 04/13/2023 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
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| **SALLY K. BALIN AMBULATORY SURGICAL CENTER, P.C.**<br>STATE LICENSE NUMBER: **09421500** | **110 CHESLEY DRIVE MEDIA, PA 19063** |

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|---|---|---|---|---|
| S 0000 | INITIAL COMMENT<br><br>This report is the result of a State licensure survey conducted on April 13, 2023, at Sally K. Balin Ambulatory Surgical Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999. | S 0000 | | |
| S 033A | | S 033A | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

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| S 033A | Continued from page 1<br><br>553.3 (1) Governing Body Responsibilities<br><br>553.3<br>Governing Body responsibilities include:<br><br>(1) Conforming to all applicable Federal, State, and local laws.<br><br>This REGULATION is not met as evidenced by: | S 033A | As part of the Plan of Correction the Administrator notified the governing body of compliance corrections that need to be completed. The Administrator will collaborate to create documents: Job Description, Application, and Confidentiality Agreement for an Infection Control Representative. These documents will be submitted to the governing body for approval. Once approved applicant names will be reviewed with governing body. Upon agreement a communication will be relayed to potential member for inquiry of participation. Once an Infection Control Representative is chosen; if accepted by the individual they will fill out the appropriate paperwork and will be welcomed as they join the next Infection Control Meeting for July 2023. | Completion Date: **07/31/2023**<br>Status: **APPROVED**<br>Date: **05/03/2023** |
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| S 033A | Continued from page 2<br><br>Based on review of facility documents and interview with staff (EMP1), it was determined the facility failed to conform to all applicable State Laws.<br><br>The facility was found to be non-compliant with the following State Law "Medical Care Availability and Reduction of Error (MCARE) Act - Reduction and Prevention of Health Care -ACT of July. 20, 2007, P.L. 331, No. 52, Chapter 4, Health Care-Associated Infections ... Section, 403. Infection control plan ... (1) A multidisciplinary committee including representatives from each of the following ... (ix) The community, except that these representatives may not be an agent, employee or contractor of the health care facility or ambulatory surgical facility...."<br><br>Findings include:<br>Review of the facilities Infection Control Meeting Minutes revealed that on July 13, 2022, October 13, 2022, and January 13, 2023, no community member was present for the infection control committee meeting minutes. | S 033A | | |

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| S 033A | Continued from page 3<br><br>Interview with EMP1 on April 14, 2023, at approximately 11:00 AM confirmed that no community member was present at the meetings and no community member is listed on the infection control committee. | S 033A | | |
| S 3250 | | S 3250 | | |

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| S 3250 | Continued from page 4<br><br>553.25 (1-6) Discharge Criteria<br><br>553.25 Discharge Criteria<br><br>A patient may only be discharged from an ASF if the following physical status criteria are met:<br>(1) Vital signs. Blood pressure, heart rate, temperature and respiratory rate are within the normal range for the patient's age or at preoperative levels for that patient.<br>(2) Activity. The patient has regained preoperative mobility without assistance or syncope, or function at his usual level considering limitations imposed by the surgical procedure.<br>(3) Mental status. The patient is awake, alert or functions at his preoperative mental status.<br>(4) Pain. The patient's pain can be effectively controlled with medication.<br>(5) Bleeding. Bleeding is controlled and consistent with that expected from the surgical procedure.<br>(6) Nausea/vomiting. Minimal nausea or vomiting is controlled and consistent with that expected from the surgical procedure.<br><br>This REGULATION is not met as evidenced by: | S 3250 | As part of the Plan of Correction the Administrator notified the governing body of compliance corrections. Deficiency was found in the case of the discharge vital signs temperature. The current surgical forms being utilized have lines labeled and available for missing criteria stated in deficiency regarding a temperature prior to discharge. The staff will utilize a thermometer to complete temperature of patients prior to discharge. This change will be implemented promptly by the end of the 2nd Quarter, June 2023. This correction will be submitted and to be approved by the governing body. There will be a staff in-service about discharge criteria. | Completion Date: **06/30/2023** Status: **APPROVED** Date: **05/03/2023** |
| | | | | |

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| S 3250 | Continued from page 5<br><br>Based on review of medical records (MR) and interview with staff (EMP1), it was determined that the facility failed to ensure that temperature was evaluated prior to discharge for 10 of 10 medical records reviewed (MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and MR10).<br><br>Findings include:<br>Review on April 13, 2023, of the facility's "Discharge Policy" revealed "A physician must authorize the discharge of all patients. The patient will remain in the recovery room until he/she is stabilized. When he/she has regained consciousness, he/she is lucid, his/her airway is clear, and his/her circulation is normal, the anesthesia provider or surgeon will evaluate the patient for proper anesthesia recovery and discharge orders. These orders will be documented in the patient's chart. ..."<br><br>A medical record review conducted on April 13, 2023, revealed that medical records MR1, MR2, MR3, MR4, MR5, MR6, MR7, MR8, MR9, and | S 3250 | | |

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| S 3250 | Continued from page 6<br><br>MR10 did not contain documentation that the patients were assessed for temperature prior to discharge.<br><br>An interview with EMP1 on April 13, 2023, at 12:00 PM confirmed that the medical records did not contain documentation that the patients were assessed for temperature prior to discharge. | S 3250 | | |
| S 6744 | 567.41 MAINTENANCE SERVICE - Principle<br><br>567.41 Principle<br><br>The ASF shall be equipped, operated and maintained to sustain its safe and sanitary characteristics and to minimize health hazards in the ASF for the protection of patients and employes.<br><br>This REGULATION is not met as evidenced by: | S 6744 | As part of the Plan of Correction the Administrator notified the governing body of compliance with deficiency with equipment. Deficiency was found in the following equipment: L & R ultrasonics #1, L & R ultrasonics #2, and Tuttnauer EZ11 Plus autoclave. A maintenance order was made and submitted to the governing body. Upon approval Koch is to be called and the above mention products are to be inspected for safety and a sticker applied as soon as possible and or by the end of the 2nd Quarter, June 2023. | Completion Date: **06/30/2023** Status: **APPROVED** Date: **05/03/2023** |

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| S 6744 | Continued from page 7<br><br>Based on the review of facility documentation, observation, and interview with staff (EMP) it was determined that the facility failed to ensure the safety of the medical equipment.<br><br>Findings Include:<br>Review of Equipment Policy (revised, reviewed and approved 3/3/2023) on April 13, 2023, revealed "All equipment in the surgi-center will be inspected every two years for safety by Koch Service Laboratories, Inc. In the meantime, any non-functioning equipment will be repaired as needed. After each piece of equipment is inspected and found to be in optimum condition, a sticker is adhered to the equipment indicating the date of the inspection and the fact that the equipment has met all required safety regulations. ..."<br><br>A tour conducted on April 13, 2023, at 11:30 AM revealed that there were several pieces of medical equipment with outdated or no biomedical inspection stickers. There were two L & R ultrasonics that were due for biomedical inspection | S 6744 | | |

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| S 6744 | Continued from page 8<br><br>in August 2018. There was one Tuttnauer EZ11 Plus autoclave with no biomedical inspection sticker. Purchase receipt of autoclave was onsite which verified last calibration was performed October 11, 2019.<br><br>An interview conducted on April 13, 2023, at 12:30 PM with EMP1 confirmed that there were several pieces of equipment with outdated or no biomedical inspections. EMP2 verified via telephone interview on April 13, 2023, the above equipment are currently used at the facility. The facility was unable to provide documentation that all medical equipment had been inspected. | S 6744 | | |

# Certified End Page

**SALLY K. BALIN AMBULATORY SURGICAL CENTER, P.C.**

**STATE LICENSE NUMBER: 09421500**

**SURVEY EXIT DATE: 04/13/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

*Jeane Parisi*
*Deputy Secretary for Quality Assurance*

*Debra L. Bogen, MD, FAAP*
*Acting Secretary of Health*

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY